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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b>   |                                  |                                    |               |  |  | Application or Docket Number<br><b>9-892993</b> |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
|--|----------------------------------|------------------------------------|---------------|--|--|---|--|-------------|----------------------------------|------------------------------------|---------------|---------------------------|-------------------------------|-------------|-----|---------------------------------|----|----------------------------------|-----|---|---|--|--|------|----------------|--------------|--|---|--|--------------|--|-----------------|------|------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|-------|--|------|-----|--|----------|--------------|--|--------------|--|--------------|--|-------|--|
| Substitute for Form PTO-875  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>10-17-05 CLAIMS AS FILED - PART I</b></p> <p style="text-align: center;">(Column 1)                      (Column 2)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">FOR</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>BASIC FEE<br/>(37 CFR 1.18(a))</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.18(c))</td> <td></td> <td>minus 20 =</td> <td>*</td> <td></td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(b))</td> <td></td> <td>minus 3 =</td> <td>*</td> <td></td> </tr> <tr> <td colspan="5">MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))</td> </tr> </tbody> </table> <p style="font-size: small;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p> </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;"><b>SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> </thead> <tbody> <tr><td></td><td>\$ _____</td></tr> <tr><td>X \$ _____ =</td><td></td></tr> <tr><td>X \$ _____ =</td><td></td></tr> <tr><td>+ \$ _____ =</td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </tbody> </table> </div> <div style="width: 2%; text-align: center;">OR</div> <div style="width: 48%;"> <p style="text-align: center;"><b>OTHER THAN SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> </thead> <tbody> <tr><td></td><td>\$ _____</td></tr> <tr><td>X \$ _____ =</td><td></td></tr> <tr><td>X \$ _____ =</td><td></td></tr> <tr><td>+ \$ _____ =</td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </tbody> </table> </div> </div> </div> </div> |                                  |                                    |               |  |  |   |  | FOR         | NUMBER FILED                     | NUMBER EXTRA                       |               |                           | BASIC FEE<br>(37 CFR 1.18(a)) |             |     |                                 |    | TOTAL CLAIMS<br>(37 CFR 1.18(c)) |     | minus 20 =  | * |  | INDEPENDENT CLAIMS<br>(37 CFR 1.16(b)) |      | minus 3 =      | *            |  | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) |  |              |  |                 | RATE | FEE  |                | \$ _____     | X \$ _____ = |              | X \$ _____ = |              | + \$ _____ = |                 | TOTAL |  | RATE | FEE |  | \$ _____ | X \$ _____ = |  | X \$ _____ = |  | + \$ _____ = |  | TOTAL |  |
| FOR  | NUMBER FILED                     | NUMBER EXTRA                       |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| BASIC FEE<br>(37 CFR 1.18(a))  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL CLAIMS<br>(37 CFR 1.18(c))   |                                  | minus 20 =                         | *             |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))   |                                  | minus 3 =                          | *             |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | FEE                              |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
|  | \$ _____                         |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | FEE                              |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
|  | \$ _____                         |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
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| AMENDMENT A  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| Total<br>(37 CFR 1.16(c))  | 3                                | Minus ** 27                        | = 0           |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| Independent<br>(37 CFR 1.16(b))  | 3                                | Minus *** 4                        | = 0           |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
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| Total<br>(37 CFR 1.16(c))  | 73                               | Minus ** 27                        | = 8           |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| Independent<br>(37 CFR 1.16(b))  | 73                               | Minus *** 4                        | = 8           |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>10-17-05 CLAIMS AS AMENDED - PART II</b></p> <p style="text-align: center;">(Column 1)                      (Column 2)                      (Column 3)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">AMENDMENT C</th> <th style="width: 15%;">CLAIMS REMAINING AFTER AMENDMENT</th> <th style="width: 10%;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th style="width: 10%;">PRESENT EXTRA</th> </tr> </thead> <tbody> <tr> <td>Total<br/>(37 CFR 1.16(c))</td> <td></td> <td>Minus **</td> <td>=</td> </tr> <tr> <td>Independent<br/>(37 CFR 1.16(b))</td> <td></td> <td>Minus ***</td> <td>=</td> </tr> <tr> <td colspan="4">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> </tr> </tbody> </table> </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;"><b>SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr><td>X \$ _____ =</td><td></td></tr> <tr><td>X \$ _____ =</td><td></td></tr> <tr><td>+ \$ _____ =</td><td></td></tr> <tr><td>TOTAL ADD'L FEE</td><td></td></tr> </tbody> </table> </div> <div style="width: 2%; text-align: center;">OR</div> <div style="width: 48%;"> <p style="text-align: center;"><b>OTHER THAN SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr><td>X \$ _____ =</td><td></td></tr> <tr><td>X \$ _____ =</td><td></td></tr> <tr><td>+ \$ _____ =</td><td></td></tr> <tr><td>TOTAL ADD'L FEE</td><td></td></tr> </tbody> </table> </div> </div> </div> </div>  |                                  |                                    |               |  |  |   |  | AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | Total<br>(37 CFR 1.16(c)) |                               | Minus **    | =   | Independent<br>(37 CFR 1.16(b)) |    | Minus ***                        | =   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |   |  |  | RATE | ADDITIONAL FEE | X \$ _____ = |  | X \$ _____ =                                      |  | + \$ _____ = |  | TOTAL ADD'L FEE |      | RATE | ADDITIONAL FEE | X \$ _____ = |              | X \$ _____ = |              | + \$ _____ = |              | TOTAL ADD'L FEE |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| AMENDMENT C  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| Total<br>(37 CFR 1.16(c))  |                                  | Minus **                           | =             |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| Independent<br>(37 CFR 1.16(b))  |                                  | Minus ***                          | =             |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |                                    |               |  |  |   |  |             |                                  |                                    |               |                           |                               |             |     |                                 |    |                                  |     |   |   |  |  |      |                |              |  |   |  |              |  |                 |      |      |                |              |              |              |              |              |              |                 |       |  |      |     |  |          |              |  |              |  |              |  |       |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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